

Division of Licensing Services
Office of Behavioral Health Licensing

150 N. 18th Avenue, Suite 410
Phoenix, Arizona 85007-3242
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(602) 364-4801 FAX

JANET NAPOLITANO, GOVERNOR
SUSAN GERARD, DIRECTOR

[Today in Words()]

[Full Admin Name (Ms. Jo Adam, Director)()]

[Full Facility Address (Name, Address, City, St, Zip)()]

RE: License # [Facility State ID()]

Dear [Short Admin Salutation (Mr. Jones)()] :

Thank you for the time spent with the Arizona Department of Health Services ("Department") staff during the inspection of your facility on [Exit Date (Words)()].

Enclosed is the Statement of Deficiencies for the inspection. The Department requires immediate correction of any deficiency that presents a threat to the health or safety of a client, resident, patient or agency personnel, and urges correction of all deficiencies at the earliest possible date.

Please place your plan of correction on the space provided in the right column of the Statement of Deficiencies and return the original. If you need to attach additional pages, place the date of correction on the Statement of Deficiencies and reference the rule citation on the attachment. Plans of correction sent by fax will not be accepted. The Plan of Correction must outline the specific steps taken to correct each deficiency noted, and must include the following:

1. How the deficiency is to be corrected, on both a temporary and permanent basis.
2. The date the correction will be completed.
3. The name, title, and/or position of the person responsible for implementing the corrective action.
4. A description of the monitoring system you will use to prevent the deficiency from recurring.
5. Your signature, and the date you approve the plan of correction, on the first page.
6. Copies of any additions to, or revisions of, required documents.

An example of the type of information necessary for an acceptable Plan of Correction is attached to this letter.

The original Statement of Deficiencies with the Plan of Correction must be returned to the office on the above letterhead by [Date # Days in Future (Words)(15)]. If the Plan of Correction is not received on or before this date, further action may be taken. Please retain a copy in the facility to be available for public review.

Please be advised that the Statement of Deficiencies and Plan of Correction will become a part of the Department's public file for your facility and is available for review.

Thank you for your cooperation. Should you have any questions or concerns, please contact Johnie S. Golden in our office at (602) 364-2595.

Sincerely,

Johnie S. Golden
Health Program Manager

JSG/eg:

EXAMPLE OF AN ACCEPTABLE PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH-000	MULTIPLE CONSTRUCTION BUILDING _____ WING _____	DATE SURVEY COMPLETED 2/18/2004
NAME OF PROVIDER OR SUPPLIER SAMPLE		STREET ADDRESS, CITY, STATE, ZIP CODE COPY	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
B 000	INITIAL COMMENTS A renewal survey was completed on February 14, 2005 and revealed the following deficiencies.	B 000	
B1234	<p>R9-20-201. Administration</p> <p>B. A licensee shall ensure that:</p> <p>1. The administrator or clinical director develops, implements, and complies with policies and procedures that:</p> <p>d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;</p> <p>This RULE is not met as evidenced by:</p> <p>A review of the licensee's documentation, including the incident reporting policy and procedures, and an interview with staff revealed the agency's incident reporting policy did not include all of the elements required in R9-20-202.</p> <p>Findings include:</p> <p>A review of the licensee's incident reporting policy revealed the policy did not include the following:</p> <p>The requirement the written report contain the client's date of admission as required in R9-20-202.A.3.c.ii;</p> <p>The requirement the written report include a description of the client's physical and behavioral health condition before the incident, as required in R9-20-202.A.3.c.v; and</p> <p>The requirement the written report include the signature and professional credential or job title of the individual or individuals preparing the written report as well as the signature and professional credential or job title of the clinical director or the clinical director's designee indicating the clinical director or the clinical director's designee reviewed the written incident report, as required in R9-20-202.A.3.j.</p> <p>During the exit interview, the site administrator acknowledged that the licensee's incident reporting policy did not ensure that the written report meet all the requirements for R9-20-202.A.3.</p>	B1234	See Attached Plan of Correction
			COMPLETE DATE
			03/01/2005

ADHS REPRESENTATIVE SIGNATURE	DATE	DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE DATE
J.J. Hendrix,	02/28/04	Robert Marley,	Chief Executive Officer, 3/14/04

STATE FORM

EXAMPLE OF AN ACCEPTABLE PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH-000	MULTIPLE CONSTRUCTION BUILDING _____ WING _____	DATE SURVEY COMPLETED 02/18/2004
NAME OF PROVIDER OR SUPPLIER SAMPLE		STREET ADDRESS, CITY, STATE, ZIP CODE COPY	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
B1235	<p>R9-20-209. Assessment and Treatment Plan</p> <p>J. A licensee shall ensure that a treatment plan is developed for each client and that the treatment plan:</p> <p>6. Includes:</p> <ul style="list-style-type: none"> a. The client's presenting issue; b. One or more treatment goals; c. One or more treatment methods and the frequency of each treatment method; d. The date when the client's treatment plan shall be reviewed; e. If a discharge date has been determined, the treatment needed after discharge; f. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and g. The signature, professional credential or job title and date signed of: i. The staff member developing the treatment plan; and ii. If the treatment plan was completed by a behavioral health technician, the behavioral health professional approving the treatment plan <p>This RULE is not met as evidenced by:</p> <p>A review of eight client records and an interview with staff revealed the licensee failed to ensure the client's treatment plan contained the date that the treatment plan would be reviewed.</p> <p>Findings include:</p> <p>A review of eight client records revealed five of eight records did not contain a review date.</p> <p>A review of the treatment plans in client records #8 dated 6/17/05, #7 dated 5/3/05, #6 dated 3/15/05, #5 dated 2/24/05, and #1 dated 5/26/05 revealed each treatment plan did not contain a review date as required in R9-20-209.J.6.d.</p> <p>During the exit interview, the office manager acknowledged the client records for #1, #5, #6, #7, and #8 did not contain a review date on the client's treatment plan.</p>	B1235	See attached Plan of Correction

ADHS REPRESENTATIVE SIGNATURE

J.J. Hendrix,

DATE

02/28/04

DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Robert Marley, Chief Executive Officer,

DATE

3/14/04

STATE FORM

EXAMPLE OF AN ACCEPTABLE PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">SAMPLE</div>		STREET ADDRESS, CITY, STATE, ZIP CODE <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">COPY</div>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
B1236	<p>R9-20-204. Staff Member and Employee Qualifications and Records</p> <p>I. A licensee shall ensure that a personnel record is maintained for each staff member that contains:</p> <p>4. Documentation of:</p> <p>f. The clinical supervision required in R9-20-205, if applicable;</p> <p>This RULE is not met as evidenced by:</p> <p>A review of five staff personnel records and a discussion with a staff member revealed two of five staff personnel records lacked the required documentation as required in R9-20-205.</p> <p>Findings include:</p> <p>A licensee shall ensure a behavioral health technician or a behavioral health paraprofessional who works full-time receives at least four hours of clinical supervision in a calendar month, as required in R9-20-205.D.1.</p> <p>A review of staff personnel record #5, for a staff member who is employed full-time and requires clinical supervision, revealed there was no documentation of clinical supervision hours for February through June 2005.</p> <p>A review of personnel record #7, for a staff member who is employed full-time and requires clinical supervision, revealed there was no documentation of clinical supervision hours for March through June 2005.</p> <p>During the exit interview, the HR Specialist acknowledged the personnel records for staff member #5 and #7 did not contain documentation of clinical supervision hours for February through June 2005 and March through June 2005, respectively.</p>	B1236	See attached Plan of Correction	3/01/05

ADHS REPRESENTATIVE SIGNATURE	DATE	DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	DATE
J. J. Hendrick,	02/28/05	Robert Marley, Chief Executive Officer,		03/07/05

EXAMPLE OF AN ACCEPTABLE PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BH-000	MULTIPLE CONSTRUCTION BUILDING _____ WING _____	DATE SURVEY COMPLETED 2/18/2005
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B1237	<p>R9-20-214. Environmental Standards</p> <p>I. A licensee shall ensure that a first aid kit is maintained on the premises, is accessible to staff members, and contains the following supplies in a quantity sufficient to meet the needs of all clients:</p> <ol style="list-style-type: none"> 1. Adhesive bandages, 2. Gauze pads, 3. Antiseptic solution, 4. Tweezers, 5. Scissors, 6. Tape, 7. Disposable medical-grade latex and non-latex gloves, and 8. Resealable plastic bags of at least one-gallon size. <p>This RULE is not met as evidenced by:</p> <p>An onsite environmental inspection of the licensee's outpatient clinic and an interview with the administrator revealed the licensee's first aid kit had no resealable plastic bags of at least one-gallon size.</p> <p>The findings include:</p> <p>An onsite environmental inspection of the licensee's outpatient clinic revealed the licensee's first aid kit had no resealable plastic bags of at least one-gallon size.</p> <p>During an interview the Administrator acknowledged that the licensee's first aid kit had no resealable plastic bags of at least one-gallon size.</p>	B1237	See attached Plan of Correction

ADHS REPRESENTATIVE SIGNATURE	DATE	DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE DATE
J. J. Hendrick,	02/28/05	Robert Marley,	Chief Executive Officer, 03/07/05

PLAN OF CORRECTION ATTACHMENT

Rule Number: R9-20-201.B.1.d.

Name, title, and/or position of the person responsible for implementing the corrective action:

John Smith, QA Director

Correction on both a temporary and permanent basis:

John Smith, QA Director, revised the Incident Reporting policy and procedure to include the following requirements:

The requirement the written report contain the client's date of admission as required in R9-20-202.A.3.c.ii;

The requirement the written report include a description of the client's physical and behavioral health condition before the incident, as required in R9-20-202.A.3.c.v; and

The requirement the written report include the signature and professional credential or job title of the individual or individuals preparing the written report as well as the signature and professional credential or job title of the clinical director or the clinical director's designee reviewing the written incident report, as required in R9-20-202.A.3.j.

Monitoring System:

John Smith, QA Director, will ensure the CEO reviews the policies and procedures on an annual basis to ensure the policies are complete and up to date. The prompt for the annual review of the policies and procedures by the CEO will be the electronic desk planner of all scheduled facility meetings and activities that is posted on the agency's local area network.

Attachments:

- (A) Revised Incident Reporting policy and procedure
- (B) Copy of electronic desk planner with review dates of policy and procedures

**Unofficial Document
Information Only**

PLAN OF CORRECTION ATTACHMENT

Rule Number: R9-20-209.J.6a.b.c.d.e.f.g.i.ii.

Name, title, and/or position of the person responsible for implementing the corrective action:

John Smith, QA Director

Correction on both a temporary and permanent basis:

John Smith, QA Director, met with the clinical director on March 1, 2005 to add the treatment plan review dates for client #1, #5, #6, #7, and #8. The clinical director provided training on February 28, 2005 for all clinical staff on completing treatment plans and the requirements of R9-20-209.J.6.

Monitoring System:

John Smith, QA Director, will conduct a client record review on a quarterly basis to ensure each client treatment plan contains a review date. The prompt for the quarterly review of the client records by the QA director will be the electronic desk planner of all scheduled facility meetings and activities that is posted on the agency's local area network.

Attachments:

- (A) Client record auditing tool
- (B) Copy of electronic desk planner with review dates of client records
- (C) Documentation of the treatment plan training session for all clinical staff
- (D) Treatment plans with review dates for client #1, #5, #6, #7, and #8

**Unofficial Document
Information Only**

PLAN OF CORRECTION ATTACHMENT

Rule Number: R9-20-204.I.4.f.

Name, title, and/or position of the person responsible for implementing the corrective action:

John Smith, QA Director

Correction on both a temporary and permanent basis:

John Smith, QA Director, met with the five BHT therapists and the clinical director on February 27, 2005 to provide training on clinical supervision and the requirements for R9-20-205.

Monitoring System:

Sue Jones, HR Director, will conduct a staff personnel record review on a quarterly basis to ensure each BHT personnel record contains the documentation of clinical supervision as required by R9-20-205. The prompt for the quarterly review of the staff personnel records by the HR director will be the electronic desk planner of all scheduled facility meetings and activities that is posted on the agency's local area network.

Attachments:

- (A) Staff personnel record auditing tool
- (B) Copy of electronic desk planner with review dates of staff personnel records
- (C) Documentation of training on clinical supervision for all clinical staff

**Unofficial Document
Information Only**

PLAN OF CORRECTION ATTACHMENT

Rule Number: R9-20-214.I.1.2.3.4.5.6.7.8.

Name, title, and/or position of the person responsible for implementing the corrective action:

John Smith, QA Director

Correction on both a temporary and permanent basis:

John Smith, QA Director, purchased a supply of one-gallon plastic bags in a quantity sufficient to meet the needs of all clients at the facility on February 28, 2005.

Monitoring System:

John Smith, QA Director, will conduct a quarterly facility inspection that will include an audit of the supplies in the first aid kit. The prompt for the quarterly facility inspection by the QA director will be the electronic desk planner of all scheduled facility meetings and activities that is posted on the agency's local area network.

Attachments:

- (A) Facility inspection auditing tool
- (B) Copy of electronic desk planner with inspection dates of the facility
- (C) Copy of the purchase receipt for one-gallon plastic bags

**Unofficial Document
Information Only**